Department of State
Division of Corporations

TRANSMITTAL LETTER

Output

Department of State
Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Capital	Concrete + Pesign, the		
	,	(Proposed corporate name - must include suffix)		

700003130067--9 -02/10/00--01001--004 ******78.75 ******78.75

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☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

ROM: Jon Jurner

Name (Printed or typed)

27 Bay Pine Dr.

Address

Address

Crawford: 12 P. 32327

City, State & Zip

PSO-556-3072

Will Wait

NOTE: Please provide the original and one copy of the articles.

ADDITIONAL COPY REQUIRED

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

<u>ARTICLE</u>	<u>I</u> .	NAME

3

The name of the corporation shall be:

Capital Concrete + Design, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Bay Pine Dr. CrawForDuille Fl. 32327

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

2 (+00)

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

27 Buy Pine Pr.

Crunfordille FC 32327

ARTICLE V INCORPORATOR

Signature/Incorporator

The name and address of the incorporator to these Articles of Incorporation are:

27 Bay Pire Dr.

Craw Fordulle FC. 32327

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date